



# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

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*COMMONWEALTH of VIRGINIA*  
*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

**MEMORANDUM**

**TO:** Executive Directors - Area Agencies on Aging  
Transportation Program Managers

**FROM:** Faye D. Cates, MSSW, Human Services Program Coordinator

**DATE:** March 2, 2004

**SUBJECT: DRIVER DRUG AND ALCOHOL TESTING**

I have received an inquiry about what type of drug and alcohol testing VDA would like the area agencies on aging (AAAs) to implement for pre-employment testing of drivers. I was told the costs varies and was provided the following estimates by the inquirer:

\$210.00 for Department of Transportation tests completed at hospitals, which entails \$175 for the test and \$30 for the physical.

\$ 75.00 for regular drug and alcohol tests, which entails \$40 for the test and \$30 for the physical.

VDA would like to keep the cost at a minimum for the AAAs, so we recommend you pursue the least costly test in your area.

# *COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## **MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Ellen Nau, Human Services Program Coordinator

**DATE:** March 2, 2004

**SUBJECT:** Care Coordination Client Services

### **Services for Veterans**

The U.S. Department of Veteran Affairs has awarded two federal grants totaling over \$15 million to construct a second Virginia Veterans Care Center in Richmond and to renovate the Veteran's Center in Salem, Virginia. The State of Virginia will fund part of these projects, with 65% of the funding coming from the federal grants provided by the Department of Veteran Affairs.

Are you aware of the services offered to your clients who served in the Armed Forces? Bev Cooley of the Veteran's Hospital in Richmond, Virginia will discuss these services at the Information and Assistance/ Care Coordination Training to be held in Richmond on Wednesday, April 28. Adult Day Care Services and Senior Housing Options will also be discussed. Further information on the training will be provided in the near future.

### **Spiritual Support for Clients and Caregivers**

Caring Congregations, Inc. has the mission of supporting parish nurses and other health ministers to facilitate the link between faith and health of body, mind and spirit across the lifespan. Many church congregations now have health ministries that combine spiritual healing along with modern health care. Parish nurses combine health care expertise with theological healing. Parish nurses do not provide illness care.

SUBJECT: Care Coordination Client Services

Page 2 of 2

Caring Congregations, Inc. was formed in 1997 as an associated program of Union Theological Seminary and Presbyterian School of Christian Education in partnership with and primarily supported by HCA Richmond Hospitals. For a complete overview of the services offered by Caring Congregations, Inc. and to find out if there is a caring congregation in your area, contact the organization's website:

[www.caringcongregations.org](http://www.caringcongregations.org) or call 804-254-8070.

### **Virginia Center on the Aging – Two Events on Spirituality and the Quest for Meaning**

Please find attached in pdf. format information on the March 10 & 11 Dinner Program and All-Day Conference on Spirituality sponsored by Bon Secours Richmond Health System and conducted by the Virginia Center on Aging - <http://www.vcu.edu/vcoa/>.

The proceeds from the events will benefit the Virginia Center on Aging and its Alzheimer's research program.

### **Care Coordination Best Practices**

Anne–Therese Ageson, MSW, LCSW has been a Fieldwork Consultant and Lecturer for the University of California, Berkeley, School of Social Work since 1989. She is co-author of "Historical Framework of Case Management", with Allen Stansbury in A Family Based Case Management Program Guidebook for CAA's. She has lent her expertise to the Family Development and Case Management Summer Institutes for Head Start Programs. The credit for the following characteristics of case management (care coordination) goes to Ms. Ageson. The items in bold refer to VDA service standards and are not Ms. Ageson's comments.

#### Case Management Characteristics

- A. Typical client characteristics: chronic low functioning or in need of services about which they have no experience. **Two or more ADL deficiency according to VDA Service Standard.** There is frequently a social control issue.
- B. Dual roles: Enabler, helper, advocate, supporter, consultant, counselor vs. cop, investigator, monitor, controller, authority, enforcer.
- C. Centrality: The case manager is knowledgeable about the family's total circumstances. **Performs the UAI on the client.**
- D. Holistic: Must see the situation from everyone's (including society's) perspective.
- E. Authority: In charge of establishing the service plan and guiding the intervention.

# *COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## **MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Janet L. Honeycutt  
Director of Grant Operations

**DATE:** March 2, 2004

**SUBJECT: REVISED** January Unmet Needs Report

Attached, please find the REVISED Unmet Needs Report for the month of January. There was an error reported for Senior Connections Transportation.

If you have any questions, please contact me.

VIRGINIA DEPARTMENT FOR THE AGING  
Unmet Demand for January, 200

PSA	R C V D	Adult Day Care			Home Delivered Meals			Homemaker			Personal Care			Residential Repair			Transportation			PSA
		Unmet		Persons	Unmet	Persons	Persons	Unmet	Persons	Persons	Unmet	Persons	Persons	Unmet	Persons	Persons	Unmet	Persons	Persons	
		Demand	Persons	Under-	Demand	Unserved	Under-	Demand	Unserved	Under-	Demand	Unserved	Under-	Demand	Unserved	Under-	Demand	Unserved	Under-	
		(hours)	Unserved	served	(meals)		served	(hours)		served	(hours)		served	(homes)		served	(trips)		served	
1	x	895	4	3	17,589	217	396	14,937	341	140	2,937	32	29	139	139	32	5,461	234	297	1
2	x	690	3	4	15,185	78	358	7,677	205	7	481	0	88	209	209	0	2	1	0	2
3	x	0	0	0	43655	259	807	8682	132	172	1979	19	16	84	16	68	28	10	4	3
4	x	0	0	0	10079	0	237	9395	144	156	0	0	0	0	0	0	1760	9	58	4
5	x	0	0	0	120	0	31	202	15	3	280	13	3	0	0	0	0	0	0	5
6	x	0	0	0	13491	141	541	19	2	0	141	15	3	6	6	0	7	7	0	6
7	x	0	0	0	338	8	9	0	0	0	5	1	0	0	0	0	12	6	0	7
8A	x	0	0	0	9	9	0	0	0	0	0	0	0	0	0	0	0	0	0	8A
8B	x	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	8	0	8B
8C	x	4840	39	0	28	3	0	28	3	0	0	0	0	0	0	0	8	4	4	8C
8D	x	0	0	0	1079	0	79	0	0	0	0	0	0	0	0	0	0	0	0	8D
8E	x	952	5	20	0	0	0	24	2	0	520	11	7	31	31	0	147	0	34	8E
9	x	400	5	0	625	0	73	7	0	2	675	0	34	7	7	0	1623	0	137	9
10	x	8988	1	8	3241	27	14	513	21	0	691	11	0	5	5	0	1728	0	72	10
11	x	0	0	0	645	65	13	28	12	1	4	1	0	0	0	0	49	0	49	11
12	x	0	0	0	23922	11	581	510	15	99	2098	16	80	13	13	0	70	5	18	12
13	x	1,828	5	18	575	9	23	3,155	90	94	236	2	7	0	0	0	0	0	0	13
14	x	0	0	0	16,608	0	329	2,576	0	88	0	0	0	0	0	0	0	0	0	14
15	x	80	1	0	0	0	0	255	9	0	527	9	0	11	10	1	8	3	0	15
16	x	0	0	0	0	0	0	160	10	0	0	0	0	11	8	0	0	0	0	16
17/18	x	1,928	8	5	2,185	2	49	1,072	22	23	3,608	58	5	17	12	5	2,295	90	206	17/18
19	x	105	0	4	200	0	5	2,250	0	39	0	0	0	0	0	0	20	0	10	19
20	x	0	0	0	44	2	0	400	25	16	800	25	32	0	0	0	322	161	2	20
21	x	296	0	8	0	0	0	0	0	0	7,931	42	138	0	0	0	3,017	129	11	21
22	x	0	0	0	88	44	0	0	0	0	35	4	1	28	28	3	0	0	0	22
TOTAL		21,002	71	70	149,706	875	3,545	51,890	1,048	840	22,948	259	443	561	484	109	16,573	667	902	TOTAL
ANNUAL		252,024	852	840	1,796,472	10,500	42,540	622,680	12,576	10,080	275,376	3,108	5,316	6,732	5,808	1,308	198,876	8,004	10,824	ANNUAL
# AAAs		25			25			25			25			25			25			# AAAs

This information is provided by Area Agencies on Aging.  
The Department is not responsible for the accuracy of the data provided by the Area Agencies on Aging.

# *COMMONWEALTH of VIRGINIA*

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## **MEMORANDUM**

**TO:** Executive Directors  
Area Agencies on Aging

**FROM:** Janet L. Honeycutt

**DATE:** March 2, 2004

### **SUBJECT: Unmet Needs Report**

The data your agency reports on the Unmet Needs Report reflects a "snapshot" of the unmet service demand in your area for one month each quarter (January, April, July, and October).

This information does not estimate demand, number of persons served or number of persons underserved.

It does report only the demand that is actually assessed, reassessed or requested during the month being reported.

It does not report the maximum possible demand unless that is the actual assessed demand.

It does connect each unit of service demand to a specific individual.

To ensure the highest accuracy in your data, please review the following items with the appropriate staff.

## **SUBJECT: Unmet Needs Report**

### **Page 2**

**Data Collection Form:** A data collection form is attached for you to copy and distribute to all the staff members whose individual reports make up the combined report that you send to VDA. This form is available on the VDA website. Please be sure that they understand the process for reporting data, especially the following:

- ✓ Do not estimate demand, number of persons served, or number underserved.
- ✓ Report only demand that was actually assessed, reassessed or requested during the month being reported.
- ✓ Do not report the maximum possible demand (e.g., 14 home-delivered meals per week) unless that is the actual assessed demand. For example, if a family member already provides a client with meals on the weekend, the demand would be reduced accordingly.
- ✓ Be able to connect each unit of service demand to a specific individual.

Discard any other collection forms.

**Reporting to VDA:** Please use the attached report form and submit via e-mail for each reporting period. The form specifies the month being reported and a signature is not required. Please read over the entire form before completing it. If you have any questions about computing the data, please call me. You may e-mail it to [janet.honeycutt@vda.virginia.gov](mailto:janet.honeycutt@vda.virginia.gov).



# UNMET DEMAND FOR SERVICES ASSESSED OR DOCUMENTED

**PSA #:** \_\_\_\_\_

**Report Month:** January, April,  
July, October  
(circle reporting  
month)

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Service	Unmet Demand <sup>1</sup>	Persons Unserved <sup>2</sup>	Persons Underserved <sup>3</sup>
Adult Day Care <sup>4</sup>	Hrs		
Home Delivered Meals <sup>5</sup>	Meals		
Homemaker <sup>6</sup>	Hrs		
Personal Care <sup>7</sup>	Hrs		
Residential Repair <sup>8</sup>	Homes		
Transportation <sup>9</sup>	One-way Trips		

I certify that the information in this report is complete and accurate to the best of my knowledge.

Questions? Call Janet Honeycutt at 804-662-9341 or e-mail to [janet.honeycutt@vda.virginia.gov](mailto:janet.honeycutt@vda.virginia.gov)

<sup>1</sup> **Unmet Demand:** Report actual assessed or documented amounts up to the limits below. Use assessed need from the UAI for all services except Residential Repair and Transportation, which should be documented separately. Report data for only the one-month period circled above.

<sup>2</sup> **Persons Unserved:** In the current month, the number of assessed individuals who need some level of this service and did not receive any of service they need.

<sup>3</sup> **Persons Underserved:** In the current month, the number of assessed individuals who need some level of this service and received less than the assessed amount.

<sup>4</sup> **Adult day care:** Service norm is up to 8 hr per day, up to 5 days per week, as assessed.

<sup>5</sup> **Home delivered meals:** Service norm is up to 2 meals per day, up to 7 days per week, as assessed.

<sup>6</sup> **Homemaker:** Service norm is up to 8 hr per week, as assessed.

<sup>7</sup> **Personal Care:** Service norm is up to 15 hr per week, as assessed.

<sup>8</sup> **Residential Repair:** As documented.

<sup>9</sup> **Transportation:** As documented.

# COMMONWEALTH of VIRGINIA

*Department for the Aging*

Jay W. DeBoer, J.D., Commissioner

## MEMORANDUM

**TO:** AAA Directors

**FROM:** Bill Peterson

**DATE:** March 2, 2004

**SUBJECT:** Guidance Documents

Attached are three guidance documents: 1) *Guidelines For A Client Appeals Process For Services Provided Under The Older Americans Act* (updated 2/4/04), 2) *Basic Guidelines for Client Record-Keeping*, and 3) a Client Record-Keeping "Quick Reference Sheet".

### ***Guidelines For A Client Appeals Process For Services Provided Under The Older Americans Act***

As required by the Older Americans Act, VDA provided "Guidelines for a Model Client Appeals Process for Virginia's AAAs" in 1992. These guidelines were updated and sent again in 2002. This version, dated for 2004, includes some modifications and clarifications.

Although each of you has some form of a client appeals process, VDA continues to receive complaints from clients who insist that they were never told of their right to appeal a decision impacting their services. I suspect that this may be a case of misunderstanding on the part of the client...but I am also concerned that individual AAA staff may not be clear in describing their agency appeals policy. As a result, we are re-issuing these guidelines for your information.

Additionally, we are asking that you include a copy of your current client appeals policies with your local Area Plan when you submit it for review and approval this Summer.

SUBJECT: Guidance Documents

Page 2 of 2

### ***Basic Guidelines for Client Record-Keeping***

As VDA staff have visited your agencies over the past several years for program monitoring purposes, one recurring issue that they have identified in some agencies is a lack of consistent, professional client record-keeping.

Accurate client records enhance your agency's ability to intervene effectively on behalf of the client to meet his/her needs. Records are, above all, a documentation of eligibility and service provision. An agency should be able to turn to its records and identify who has been served, why they were eligible to receive services, what services were provided, and the outcomes of those services. HIPAA, FOIA, and other federal and state laws regarding records, privacy, and accountability often guarantee clients' access to their records. This has also resulted in increased media and public attention being paid to individual files and records. This means that client records may come under increased scrutiny during a client appeals proceeding, a lawsuit, a HIPAA-related complaint or request, or during monitoring/auditing visits.

We have developed the attached guidelines for your staff and encourage you to develop in-house policies which will govern client record-keeping. We have also included a one-page "**quick reference**" sheet your staff can keep on their desks as they enter information into clients' records.

Finally, if you would like more formal training in client record-keeping, please let us know and we will work with VISSTA (or other appropriate entity) to develop a workshop aimed at enhancing your staffs' ability to keep accurate, professional client records.

Remember, although these documents represent "best practices", they are guidelines only and are provided as a tool that you, your staff, and your governing board can use in reviewing your current policies in these two areas. Please contact the appropriate VDA program staff if you have specific questions. For continuing reference, copies of these documents will be placed on the Service Providers page of the VDA website.

Attachments

## **GUIDELINES FOR A CLIENT APPEALS PROCESS FOR SERVICES PROVIDED UNDER THE OLDER AMERICANS ACT**

### **A. BACKGROUND**

**Section 306(a)(10) of the federal Older Americans Act (as amended) requires each Area Agency on Aging (AAA) to “provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title”** [See page 42 of the “green” compilation of the Act]. Section 307(a)(5)(B) of the Act also requires that the State Unit on Aging issue guidelines to AAAs regarding grievance procedures. The requirement that the State Unit provide this guidance first appeared in the 1992 amendments to the Act. At that time, VDA provided “Guidelines for a Model Client Appeals Process for Virginia’s AAAs.” These guidelines were updated and sent again to AAAs in 2002. This version, dated 2004, includes some modifications and clarifications.

Although they represent “best practices”, they are guidelines only and are provided as a tool that AAAs and their governing boards can use in reviewing their current client appeals process. As AAAs conduct this review, they should refer to Section 314 of the Older Americans Act: *Rights Relating to In-Home Services for Frail Older Individuals* [See page 59 of the “green” compilation of the Act].

### **B. CONCEPT OF DUE PROCESS**

These guidelines for a client appeals process are adapted from materials prepared by the National Council on the Aging (NCOA) and are based on the concept of due process. Due process requires the implementation of specific procedures intended to assure maximum fairness in decision making. Due process, as embodied in a AAA client appeals policy, assures older clients and their families that their appeal will be considered fairly and in a timely manner by the AAA, regardless of its ultimate legitimacy. Due process should be assured each time a client is denied a service, or each time services are reduced, suspended, or terminated.

### **C. ELEMENTS OF A CLIENT APPEALS PROCESS**

The denial, reduction, suspension, or termination of services can be a difficult decision for the AAA and may create confusion, fear, and sometimes anger for the client and their family. An appeals process allows for the client and family to have an opportunity to “tell their side of the story” and to feel that their concerns have been heard. To ease the impact of a change in service and to help reduce the number of appeals, AAAs should prepare clients and their families in advance (if at all possible) for a reduction or termination of service.

The following elements should be considered for inclusion in a model AAA client appeals process:

1. **Notification of an Appeal Process** – Clients should be told that the AAA has an appeals process. All clients should be given step-by-step instructions as to how they can initiate an appeal. This should be done when clients initially apply for services and again when an adverse action is taken. AAAs should make this information available in a written format which is concise, uses large print, is in a language the client understands, and is generally “user friendly.” AAA staff should also discuss the appeals process with every client.
2. **Notice of Adverse Action** – The AAA should provide each client with a written notice of the denial of any service, the reduction of any service, the suspension of any service, or the termination of any service. This notice should include step-by-step instructions on how to initiate an appeal. AAA staff should make a follow-up telephone call or visit to see if the client understands the planned adverse action and their right to appeal. Staff should offer to assist clients with initiating an appeal.
3. **Continuation of Services Pending Appeal** – Except in those cases where services are denied, or where services are reduced, suspended, or terminated due to lack of funds, AAAs should continue providing services pending the outcome of the appeal hearing. The Notice of Adverse Action should inform the client that services will continue unchanged until a decision is reached on their appeal. An exception may be made when the health, safety, and welfare of AAA (or contractor) staff is threatened if the services were to continue.
4. **Fair Hearing** – A timely fair hearing is an integral element of a client appeals process. The AAA’s client appeals process should spell out time frames for the client to file an appeal and for the agency to conduct a hearing and issue a decision. The following components will help assure a fair hearing for a client:

Representation: The client should be offered the right to be represented by a friend, an advocate, or attorney [The AAA is under no obligation to find an attorney for the client or to pay for the services of an attorney].

Impartial hearing officer: The client’s appeal should be heard by someone other than the person who made the decision denying, reducing, suspending, or terminating the service. Depending upon the size of the AAA and the number of appeals, the AAA may enlist the services of a knowledgeable person from another organization or agency to act as a hearing officer.

Information: The client, and/or the chosen representative, should have access to information regarding the case prior to the hearing. If requested, the AAA should share the case record, intake evaluation form, eligibility determination form, or other paperwork which was used to make the decision regarding the denial, reduction, suspension, or termination of services. AAAs should also share their policies regarding the eligibility and operation of the service (or services) involved in the adverse action.

[Remember that nothing in the *Virginia Freedom of Information Act* requires any record to be confidential. However, the *Government Data Collection and Dissemination Practices Act* (§2.2-3800-3809) provides guidelines for the collection, maintaining, protecting, and releasing of personal information. This Act specifically states that an organization must have a written procedure for an individual to review, as well as recommend corrections to, the information in his or her record. These guidelines are consistent with the privacy requirements found in *HIPAA*. This may be a good time to have your agency attorney review your privacy guidelines as they relate to these three Acts.]

Face-to-face discussion: The client, and/or the chosen representative, should be present during the hearing. AAA staff who have information or knowledge of the client's case should also be available. Hearings may have to be conducted in the homes of extremely frail or physically impaired clients. Special efforts should be made to assure effective communication with deaf clients or clients who speak a foreign language. Telephone hearings may be used in extreme circumstances when the agency has determined that it is not feasible to conduct a face-to-face hearing.

Written notice of decision: The client should be given written notice of the appeals decision. Hearing decisions should be rendered in a timely manner and written notice provided to the client as quickly as possible.

5. **Further Opportunity for Appeal** – AAAs may want to consider offering clients who remain dissatisfied with their appeal outcome a second level of appeal. This would be an appeal to the AAA Board or, preferably, to some outside entity. Please understand that VDA is not in a position to hear AAA client appeals. You may, however, be able to work out a mutual agreement with another community agency or organization that would act as the final appeal venue for those clients who continued to be dissatisfied with the outcome. This second level of appeal should include the components listed in #4 above.
6. **Review of Hearing Process** – AAAs should conduct an internal review of the fair hearing process for each appeal. This is a review of the process, not the decision. Reviewers will determine if the AAA adhered to their

appeals process and correctly followed the steps outlined therein. This review may also result in changes to the process. The AAA board of directors, perhaps through a standing or ad hoc committee, can serve this purpose. This committee may choose to include members of the AAA advisory council to assure that a broad perspective is brought to the review.

## **Basic Guidelines for Client Record-Keeping**

### **Why Is It Important To Keep Accurate Client Records?**

Ultimately, accurate client records enhance the agency's ability to intervene effectively on behalf of the client to meet his/her needs. Records are, above all, a documentation of eligibility and service provision. An agency should be able to turn to its records and identify who has been served, why they were eligible to receive services, what services were provided, and the outcomes of those services. This kind of record-keeping is also essential to identify the "best practices" of the agency and to learn about which services are working and which ones are not.

Client records assure continuity of service if properly maintained and routinely updated. Thus, if a worker is out sick, absent, or on vacation, or should resign suddenly, the agency will be able to pick up where the worker left off. The supervisor or another worker will be able to provide assistance to a particular client or to justify or explain the nature of the agency's involvement with that client. Cases may also be transferred from worker to worker or be opened or closed several times. The existence of an accurate client record can prevent duplication of effort, save time, and result in more effective provision of services to the individual client.

Client records provide the supervisor with a tool for keeping track of worker activity and for providing case guidance. Record review is also a means of assessing the kind and quality of services being provided. Accurate client records will facilitate on-going service delivery and improve client interventions.

Finally, HIPAA, FOIA, and other federal and state laws regarding records, privacy, and accountability often guarantee client access to their records. This has also resulted in increased media and public attention being paid to individual files and records. This means that client records may come under increased scrutiny during a client appeals proceeding, a lawsuit, a HIPAA-related complaint or request, or during monitoring/auditing visits.

### **What Is Included In A Client Record?**

Remember that accurate client record-keeping should attempt to reconcile three conflicting goals: accountability, efficiency, and privacy. The worker should fully document information about the reasons for professional decisions and actions, the type of services or actions delivered, and the consequences of the decisions and services.

It is important to remember that information about the client's situation should only be recorded if it is clearly relevant to service delivery. This includes information that demonstrates why services were offered, how these services were delivered, and the impact of the services (you may also want to refer to HIPAA guidance on client records). Any other information about the client's



situation may not be relevant, may invade the client's right to privacy, is time-consuming, and may "come back to haunt" the worker and agency during a client appeals proceeding, lawsuit, or HIPAA-related complaint or request.

A record should document eligibility, decisions, barriers/challenges, and service provision through time. Workers should carefully review the Service Standard for each service provided to be sure that the client record includes all the elements required by the Service Standard.

During the initial phase of service, the record should include:

- 1) The reason for the service request or referral.
- 2) An assessment of eligibility and description of the client's situation.
- 3) Available resources.
- 4) Services to be provided.
- 5) Referrals to other resources, if any.
- 6) Anticipated barriers, challenges, or problems, if any.

Once services have begun to be provided (or a care contract has been developed), the record should include:

- 1) Ongoing worker and client decisions regarding services.
- 2) The purpose and goals of the services.
- 3) A care plan (if part of the agency's procedures).
- 4) Ongoing service activities.
- 5) An assessment of the impact of the service.

Once a decision to terminate services has been made, the record should include:

- 1) The reason for termination.
- 2) Documentation that the client was given information about their right to appeal the decision.
- 3) An evaluation of the impact the service has made on the client's situation.
- 4) Plans for future service, if any.
- 5) Follow-up plans, referrals, etc., if any.

### **How Should Client Records be Maintained?**

Accurate records are updated on a regular (routine) basis. A schedule for updating client records should be developed by the agency.

Records should be maintained in a neat and professional manner. The use of pencil and "sticky notes" should be discouraged. Abbreviations should be used with caution. The agency should consider developing a list of approved abbreviations for use by all workers. This list of abbreviations could be attached to the inside cover of each client record, for example. This would allow anyone who is reviewing the record to "translate" your abbreviations.

Errors in records should be corrected and corrections should be initialed and dated by the worker who makes the correction. This provides a record of who made the correction and when it was done. Note that it is a commonly accepted practice that corrections should be made by drawing a line through the incorrect information. Incorrect information should never be erased or otherwise deleted. "White-out" (or correction fluid) should never be used for correction purposes. Remember that client records may, at some future point in time, be scrutinized during a client appeals proceeding, lawsuit, or HIPAA-related complaint or request. Your records should never give the appearance that information has been removed or tampered with.

Finally, AAAs are encouraged to develop their own policies and procedures on client record-keeping that incorporate these guidelines. AAAs should also address how often records are updated as well as record security, record retention, and record disposal.

## **Client Record-Keeping “Quick Reference Sheet”**

- Records are a documentation of eligibility and service provision.
- Accurate records should be updated on a regular (routine) basis.
- Client records may come under increased scrutiny during client appeals proceeding, a lawsuit, a HIPAA-related complaint or request, or during monitoring/auditing visits.
- Records should be maintained in a neat and professional manner.
- The use of pencil or “sticky notes” in records is discouraged.
- Abbreviations should be used with caution. AAA should develop a standard list of abbreviations.
- Errors in records should be corrected and corrections should be initialed and dated by the worker who makes the correction. Corrections should be made by drawing a line through the incorrect information. Incorrect information should never be erased or otherwise deleted and “white-out” (or correction fluid) should never be used for correction.
- The Service Standard for each service provided should be reviewed to insure that the client record includes all the elements required by the Service Standard.
- Records should not contain information about the client’s situation that is irrelevant, that invades the client’s right to privacy, or that may “come back to haunt” the worker and agency during a client appeals proceeding, lawsuit, or HIPAA-related complaint or request.
- Records should include the following information:
  - The reason for the service request or referral.
  - An assessment of eligibility and description of the client’s situation.
  - Available client resources.
  - Services to be provided.
  - The purpose and goals of these services.
  - Referrals to other resources, if any.
  - Anticipated barriers, challenges, or problems, if any.
  - Ongoing worker and client decisions regarding services.
  - A care plan (if part of the agency’s procedures).
  - Ongoing service activities.
  - The reason for service reduction or termination.
  - Documentation that the client was given information about their right to appeal the reduction or termination decision.
  - An evaluation of the impact the service has made on the client’s situation.
  - Follow-up plans, referrals, etc., if any.